

Section I

Graduate Medical Education Information

GME Information

Review and Accreditation of Graduate Medical Education Programs

Note: This summary of the process of review and accreditation of graduate medical education programs was adapted from official policies of the Accreditation Council for Graduate Medical Education (ACGME), for the official Manual of Policies and Procedures for ACGME Residency Review Committees, other information related to the accreditation process, and the current listing of accredited programs, showing their status and length of review cycle, contact the ACGME or consult the ACGME Web site at www.acgme.org.

Introduction

The Accreditation Council for Graduate Medical Education (ACGME) is a separately incorporated organization, responsible for the accreditation of approximately 7,800 allopathic graduate medical education programs. It has five member organizations: the American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, and Council of Medical Specialty Societies. Each member organization nominates four individuals to the ACGME's Board of Directors. In addition, the Board of Directors includes three public representatives, a resident representative, and the chair of the Residency Review Committee Council. A representative for the federal government and the chair of the RRC Resident Council also serve on the Board in a non-voting capacity.

The mission of the ACGME is to improve the quality of health in the United States by ensuring and improving the quality of graduate medical education experience for physicians in training. The ACGME establishes national standards for graduate medical education by which it approves and continually assesses educational programs under its aegis. It uses the most effective methods available to evaluate the quality of graduate medical education programs. It strives to develop evaluation methods and processes that are valid, fair, open, and ethical.

In carrying out these activities, the ACGME is responsive to change and innovation in education and current practice, promotes the use of effective measurement tools to assess resident physician competency, and encourages educational improvement.

Under the aegis of the ACGME, the accreditation of graduate medical education programs is carried out by 27 review committees and a committee for the review of sponsor institutions. These committees have been delegated accreditation authority by the ACGME. A Residency Review Committee (RRC) consists of representatives appointed by the American Medical Association, the appropriate specialty board, and, in some cases, a national specialty organization. The Transitional Year Review Committee is composed of ten members who are appointed by the chair of the ACGME in conjunction with the Executive Committee. The term "review committee" is used to denote a Residency Review Committee, the Transitional Year Review Committee, and the Institutional Review Committee. The Institutional Review Committee (IRC) is composed of ten members appointed by the Chair of the ACGME in conjunction with the Executive Committee. The Institutional Review Committee assumes the responsibility for reviewing institutions which sponsor multiple programs. It evaluates institutions for substantial compliance with the institutional requirements.

Review and Accreditation of Graduate Medical Education Programs

Graduate medical education programs are accredited when they are judged to be in substantial compliance with the *Essentials of Accredited Residencies in Graduate Medical Education*. The *Essentials* consist of (a) the Institutional Requirements, which are prepared by the ACGME and apply to all programs, and (b) the Program Requirements for each specialty and subspecialty. The requirements are developed and periodically revised by a review committee for its area(s) of competence, and are approved by the ACGME. The activities of the ACGME extend only to those institutions within the jurisdiction of the United States of America.

A list of programs accredited by the ACGME, including detailed information about each program, is published by the American Medical Association annually in the *Graduate Medical Education Directory*, using information provided by the ACGME. As this list is periodically updated to add or remove programs or to change their accreditation status, the most current information is always found on the ACGME's Web listing of programs (www.acgme.org). With the exception of this listing of programs and their current accreditation status, the contents of program files are confidential, as are all other documents regarding a program used by a review committee.

Application and Site Visit

The accreditation review process is set in motion in one of two ways, depending upon whether the program under consideration is seeking initial accreditation, re-accreditation, or continued accreditation.

Application

In the case of a program seeking initial accreditation or re-accreditation, the process begins when the program director sends an application to the executive director of the review committee. Review and evaluation of an application involves several steps and usually requires 8 to 10 months from the time the application is received by the review committee executive director until an accreditation action is taken.

The review committee executive director checks the application for completeness and forwards the document to the director of field activities, who schedules a site visit of the program. The scheduling and completion of the site visit takes approximately 6 months. In some specialties, a member of the review committee or a specialist will review the application to identify areas requiring clarification by the site visitor.

Re-accreditation following loss of accreditation involves the same process described above. A program cannot apply for re-accreditation while engaged in the appeals process described in this document. In addition, an institution placed in an unfavorable status by the Institutional Review Committee may not apply for any new programs or reapply for programs withdrawn or voluntarily withdrawn until it has once more attained favorable status.

Review of Accredited Programs

Accredited programs undergo site visits and reviews on cycles determined by the review committee, as described below in the sections on actions regarding accreditation of general specialty and subspecialty programs. Program directors are not told well in advance of the site visit, at which time they receive the appropriate forms for compilation. Program directors may request forms earlier.

A review committee may elect to review a program outside the usual cycle. A program director also may request an early review. However, a program will not be reviewed while it is in the appeals process.

Function of Site Visitor

Annually, approximately 1,900 site visits are conducted by the ACGME Field Staff, and between 300 and 200 visits are conducted by Specialist Site Visitors, who are members of the particular specialty being reviewed. In either case, the site visitor does not participate in the final accreditation decision or recommendation of the review committee beyond providing a written report. It is the site visitor's primary responsibility to verify the information that has been provided by the program director. The site visitor also conducts interviews with administrators, faculty, and residents in order to report accurately on the various aspects of the educational program. The site visitor, whether field staff or specialist, should not be viewed as a consultant to the program and should not be expected to provide feedback to the program or to conduct a formal exit interview.

After the site visit has been completed, the site visitor's report is submitted to the review committee executive director, who prepares the program file for evaluation by the review committee. The site visitor is not present when the review committee evaluates the program.

Review and Accreditation

The review committee reviews the program information in detail, evaluates the program, and determines the degree to which it meets the published educational standards (*Essentials*). The review committee decides upon an accreditation status for the program and identifies areas of noncompliance with the *Essentials*.

Actions Regarding Accreditation of General Specialty Programs

The following actions may be taken by a review committee regarding the accreditation status of general specialty programs and by the Transitional Year Review Committee regarding the status of transitional year programs.

Withhold Accreditation

A review committee may withhold accreditation when it determines that the proposal for a new program does not substantially comply with the *Essentials*. The review committee will cite those areas in which the proposed program does not comply with the *Essentials*.

Provisional Accreditation

Provisional accreditation is granted for initial accreditation of a program or for a previously accredited program that had its accreditation withdrawn and has subsequently applied for re-accreditation. Provisional accreditation may also be used in unusual circumstances in which separately accredited programs merge into one or an accredited program has been so altered that in the judgment of the review committee it is the equivalent of a new program.

When a program is accredited on a provisional basis, the effective date of accreditation will be stipulated. Under special circumstances, the effective date may be made retroactive; however, unless specifically justified, it should not precede the beginning of the academic year during which the program is accredited.

Provisional accreditation implies that a program is in a developmental stage. It remains to be demonstrated that the proposal for which accreditation was granted will be implementable as planned. A review committee will monitor the developmental progress of a program accredited on a provisional basis. Following accreditation, programs should undergo a site visit in approximately 2 years in preparation for review by the respective committee. The interval between accreditation and the next review of the program should not exceed 3 years. In the course of monitoring a program,

development, a review committee may continue provisional accreditation; however, the total period of provisional accreditation should not exceed 3 years for programs of 4 years' duration or less, or the length of the program plus 1 year for programs of 5 years' duration or longer. With the exception of special cases as determined by a review committee, if full accreditation is not granted within either of these time frames, accreditation of the program should be withdrawn.

Full Accreditation

A review committee may grant full accreditation in three circumstances:

- When programs holding provisional accreditation have demonstrated, in accordance with ACCME procedures, that they are functioning on a stable basis in substantial compliance with the *Essentials*;
- When programs holding full accreditation have demonstrated, upon review, that they continue to be in substantial compliance with the *Essentials*; and
- When programs holding probationary accreditation have demonstrated, upon review, that they are in substantial compliance with the *Essentials*.

The maximum interval between reviews of a program holding full accreditation is 5 years; however, a review committee may specify a shorter cycle.

Probationary Accreditation

This category is used for programs holding full accreditation that are no longer considered to be in substantial compliance with the *Essentials*. The normal interval for review of programs holding probationary accreditation is 2 years; however, a review committee may specify a shorter cycle. In reviewing a program holding probationary accreditation, a committee may exercise the following options: grant full accreditation; withdraw accreditation, or, in special circumstances, continue probationary accreditation. A program should not hold probationary accreditation for more than 4 consecutive years until it is returned to full accreditation or the review committee acts to withdraw accreditation. This period may be extended, for procedural reasons, as when a program exercises the right to appeal procedures or the review schedule exceeds 4 years. The probationary period is calculated from the date of the initial decision for probation. The *Procedures for Proposed Adverse Actions and Procedures for Appeal of Adverse Actions*, in subsequent text, provide further details on adverse actions.

Withdrawal of Accreditation

Accreditation of a program may be withdrawn under the following conditions:

- Noncompliance with *Essential b*: Accreditation of programs holding either provisional accreditation or probationary accreditation may be withdrawn as follows:
 - For programs holding provisional accreditation, once a review committee has notified a program director that the program has not developed as proposed to establish and maintain substantial compliance with the *Essentials*, the program will be subject to withdrawal of accreditation for failure to be in substantial compliance with the *Essentials*.
 - For programs holding probationary accreditation, once a review committee has notified a program director that the program is accredited on a probationary basis, the program will be subject to withdrawal of accreditation for continued failure to be in substantial compliance with the *Essentials*.
 - In giving notification as indicated in 1 and 2 above, a review committee must indicate the areas in which the program is judged not to be in substantial compliance with the *Essentials*. It

is understood that these areas may change in the course of multiple reviews conducted from the time a program is first given notice that it is not in compliance until withdrawal of accreditation may occur.

- Request of Program: Voluntary withdrawal of accreditation may occur at the request of the program director in the following ways:

1. A program director may request voluntary withdrawal of accreditation of a program, without prejudice. It is expected that if a program is deficient for one or more of the reasons set forth in E below, the director will seek voluntary withdrawal of accreditation. Normally such requests would come from the program director, with a letter of confirmation from the sponsoring institution's chief executive officer.
2. Two or more programs may be merged into a single new program. If the review committee accredits the new program, it will take concurrent action for withdrawal of accreditation, without prejudice, of the previously separate programs. The review committee will consider the expressed preference of the program director in establishing the effective date for withdrawal of accreditation of the program(s).
3. Delinquency of Payment: Programs that are judged to be delinquent in payment of fees are not eligible for review and shall be notified by certified mail, return receipt requested, of the effective date of withdrawal of accreditation. On that date, the program will be removed from the list of ACCME-accredited programs.

4. Noncompliance with Accreditation Actions and Procedures: A program director may be deemed to have withdrawn from the voluntary process of accreditation and a review committee may take appropriate action to withdraw accreditation if that director refuses to comply with the following actions and procedure:

1. To undergo a site visit and program review;
2. To follow directives associated with an accreditation action; and
3. To supply a review committee with requested information.

5. Program Inactivity or Deficiency: A review committee may withdraw accreditation from a program, regardless of its current accreditation status, under the following circumstances:

1. The program has been inactive for 2 or more years, without regaining and being granted official "active" status;
2. The program has incurred a catastrophic loss or complete change of resources, e.g., faculty, facilities, or funding, such that the program is judged not accreditable;
3. The program has incurred an egregious accreditation violation.

6. Withdrawal of accreditation for reasons noted in the above paragraphs (Delinquency of Payment, Noncompliance with Accreditation Actions and Procedures, and Program Inactivity or Deficiency) is an administrative action and is not subject to the appeals process.

7. The following policies apply when action is taken to withdraw accreditation (except for establishment of an effective date in the case of voluntary withdrawal of accreditation or withdrawal of accreditation because of inactivity or deficiency):
 1. The effective date of withdrawal of accreditation shall not be less than 1 year from the date of the final notification or the procedures to withdraw accreditation.
 2. The effective date of withdrawal of accreditation shall permit the completion of the training year in which the action becomes effective.
 3. Once notification has been made of the effective date of withdrawal of accreditation, no residents may be appointed to the program.

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4. When action has been taken by a review committee to withdraw accreditation of a residency program and the program has entered into appeal procedures, an application for re-accreditation of the program will not be considered until the appeal action is concluded.

The *Procedures for Proposed Adverse Actions and Procedures for Appeal of Adverse Actions*, provided in this document, contain further details.

B. Inactive Status in Lieu of Withdrawal of Accreditation

A program in otherwise good standing that has not been active (had residents) for 2 or more years may request "inactive status" in lieu of withdrawal of accreditation if it is contemplated to reactivate the program within the next 2 years. The RRC may stipulate what assurances must be provided for reactivation to be sure the program continues in substantial compliance. For dependent subspecialty programs, "inactive status" does not exempt from policies related to accreditation status. Unless the general specialty program is in full or continued accreditation, the dependent subspecialty is not eligible for "inactive status." Programs with residents may not elect to become inactive until all residents have left the program.

In any event, a program may not retain accreditation for more than 4 consecutive years without residents even with "inactive status" for 2 years.

Actions Regarding Accreditation of Subspecialty Programs

There are two procedural models for the accreditation of subspecialty programs:

- A. When the accreditation status of a subspecialty program is not directly related to, or dependent upon, the status of a general specialty parent program, the subspecialty programs are accredited in accordance with the same procedures used for general specialty programs as heretofore described.
- B. When the accreditation status of a subspecialty program is directly related to, or dependent upon, the status of a general specialty parent program, the following accreditation actions are used:
 1. Withhold Accreditation. A review committee may withhold accreditation when it determines that the proposed for a new subspecialty program does not substantially comply with the *Essentials*. The review committee will cite those areas in which the proposed program does not comply with the *Essentials*.
 2. Accreditation. The subspecialty program has demonstrated substantial compliance with the *Essentials* and is attached to a general specialty program that holds full accreditation or is otherwise deemed satisfactory by the review committee.
 3. Accreditation With Warning. The accredited subspecialty program has been found to have one or more areas of noncompliance with the *Essentials* that are of sufficient substance to require correction.
 4. Accreditation With Warning, Administrative. The general specialty program to which the subspecialty program is attached has been granted accreditation on a probationary basis. This action simultaneously constitutes an administrative warning of potential loss of accreditation to any subspecialty program that is attached to the general specialty program.
 5. Withdraw Accreditation. An accredited subspecialty program is considered not to be in substantial compliance with the *Essentials*, and has received a warning about areas of noncompliance.
 6. Withdraw Accreditation, Administrative. If a general specialty program has its accreditation withdrawn, simultaneously the

accreditation of any subspecialty program that is attached to the general specialty program is administratively withdrawn.

7. Other Actions by a Review Committee. The policies and procedures on withdrawal of accreditation of general specialty programs, as well as those on referral of action, resident complement, participating institutions, and progress reports governing general specialty programs, also apply to the actions concerning subspecialty programs.

Warning Notices

A review committee may use a special procedure to advise a program director that it has serious concerns about the quality of the program and that the program's future accreditation status may be in jeopardy. In keeping with the flexibility inherent in the accreditation process, each review committee may use this procedure in accordance with its own interpretation of program quality and the use of the different accreditation categories. This procedure is not considered an adverse action and therefore is not subject to the appeal procedures.

The warning procedure may be used as follows:

- A. For a program with provisional accreditation. A review committee may elect to continue provisional accreditation, but include in the letter of notification a statement that the program will be reviewed in approximately 1 year, following a site visit, at which time withdrawal of accreditation will be considered if the program has not achieved satisfactory development in establishing substantial compliance with the *Essentials*.
- B. For a program with full accreditation. A review committee may elect to continue full accreditation, but include in the letter of notification a statement that the program will be reviewed in approximately 1 year, following a site visit, at which time voluntary accreditation will be considered if the program is not in substantial compliance with the *Essentials*.
- C. Review committees may extend the interval before the next review to 3 years, as in cases where program improvements may be addressed more appropriately within 2 years rather than 1 year.

Deferral of Accreditation Action

A review committee may defer a decision on the accreditation status of a residency program. The primary reason for deferral of accreditation action is lack of sufficient information about specific issues, which precludes an informed and reasonable decision. When a committee defers accreditation action, the residency program retains its current accreditation status until a final decision is made.

Size of Resident Complement

The complement of residents in a program must be commensurate with the total capacity of the program to offer each resident an educational experience consistent with accreditation standards; thus, a review committee may indicate that a residency program is accredited to train a specific number of residents as a maximum at any one time. In addition, a committee may indicate the number of residents to be trained in each year of the program. A review committee may also indicate that a minimum number of residents is considered necessary in each program to provide an effective learning environment.

Participating Institutions

The sponsoring institution of a residency program may utilize one or more additional institutions to provide necessary educational resources. In such cases, a review committee may evaluate whether each participating institution contributes meaningfully to the educational program.

Progress Reports

A review committee may request a progress report from a program director. The committee should specify the exact information to be provided and a specific due date for the report. The progress report should be reviewed by the sponsoring institution GMEC and signed by the chair of the GMEC.

Notification of Accreditation Status

Letters of Notification:

Accreditation actions taken by a review committee are reported to program directors by formal letters of notification. The accreditation status of any program will change only by subsequent action of the review committee. The notification letters usually contain reference to the approximate time of the next site visit and review of the program.

Notifying Residents and Applicants

All residents in a program, as well as applicants (that is, all candidates invited to come for an interview), should be aware of the accreditation status of the program and must be notified of any change in the accreditation status. When an adverse action is taken, program directors must notify all current residents as well as applicants to the program in writing. For applicants, the information on accreditation status must be provided in writing prior to having candidates come to the program for an interview. Copies of the letters to residents and applicants must be kept on file by the program director and a copy must be sent to the executive director of the review committee within 150 days of receipt of the notification of the adverse action. Additional information regarding notification letters is contained in the *Procedures for Proposed Adverse Actions* and *Procedures for Appeal of Adverse Actions*.

Duration of Accreditation

When a residency program is initially accredited, accreditation commences with the date specified in the letter of notification. A program remains accredited until formal action is taken by a review committee to withdraw accreditation. The action to withdraw accreditation will specify the date on which accreditation ends.

ACGME accreditation does not lapse merely because of the passage of time. The time interval specified in the letter of notification is the time of the next site visit and review; it does not imply that accreditation will end when the time of next review occurs.

Identification of Programs in ACGME Records

Because numerous users consult and reference ACGME records, the ACGME retains the right to identify programs in a way that is consistent and will not give unfair advantage to any program.

The following standards are followed:

- The program title clearly identifies the sponsoring institution.
- Only one sponsoring institution is identified.
- Participating institutions are identified in the program listing only if they provide major teaching sites for resident education. This means that, in a 1-year program, residents must spend at least 2 months in a required rotation at the site for it to be listed; in a 2-year program, the rotation must be 4 months; and in a program of 3 years or longer, the rotation must be at least 6 months. Review committees retain the right to grant exceptions to this formula.
- Outpatient facilities and ambulatory clinics generally are not listed.

- Units that do not operate under a separate license are not listed as discrete training sites.

Procedures for Proposed Adverse Actions and Procedures for Appeal of Adverse Actions

ACGME Procedures for Proposed Adverse Actions (Approved by ACGME June 24, 2003)

The following procedures will be implemented when a Residency Review Committee (RRC) determines that a program is not in substantial compliance with the *Essentials of Accredited Residencies in Graduate Medical Education* (Essentials). [Note: Here and elsewhere in these Procedures for Proposed Adverse Actions, reference to "Residency Review Committees" also includes the ACGME's Transitional Year Review Committee.]

- When an RRC determines that an adverse action is warranted, the RRC will first give notice of its proposed adverse action to the program director and to the Designated Institutional Official of the sponsoring institution. This notice of proposed adverse action will include the citations that form the basis for the proposed adverse action, a copy of the site visitor's report, and the date by which the program may submit, in writing, its response to each of the citations and to the proposed adverse action. [Note: Here and elsewhere in these Procedures for Proposed Adverse Actions, the word "action" reflects delegation of accreditation authority to the RRC. In the event of a decision by an RRC not holding delegated authority, read "recommendation of an RRC" and "action by the ACGME" throughout the procedures.]
- The program may provide to the RRC written information revising or expanding factual information previously submitted, challenging the findings of the site visitor, rebutting the interpretation and conclusions of the RRC; demonstrating that other areas of noncompliance with the published standards either did not exist or have been corrected since the time when the RRC reviewed the program and proposed an adverse decision; and confirming that the program is in compliance with the standards. The RRC will determine whether the information may be considered without verification by a site visitor.
- The RRC will complete its evaluation of the program at a regularly scheduled meeting, as indicated to the program director in the notice of proposed adverse action. The RRC may confirm the adverse action or modify its position and take a corrective action.
- If an RRC confirms the adverse action, it will communicate to the program director the confirmed adverse action and the citations, as described above, including comments on the program director's response to these citations.
- The letter of notification, which will include information on the right of the program to appeal the RRC's decision to the ACGME, will be sent to the program director, and the DIO. The program director may appeal the decision; otherwise, it is final. If the decision is accepted as final, the program director may subsequently request a new review in order to demonstrate that the program is in compliance with the standards.
- Upon receipt of notification of a confirmed adverse accreditation action, the program director must inform, in writing, the residents and any applicants who have been invited to interview with the program that the adverse action has been confirmed, whether or not the action will be appealed. A copy of the written

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notice must be sent to the executive director of the RRC within 50 days of receipt of the RRC's letter of notification.

ACGME Procedures for Appeal of Adverse Actions (Approved by ACGME June 24, 2003)

- a. If a Residency Review Committee (RRC) takes an adverse action, the program may request a hearing before an appeals panel.
[Note: Here and elsewhere in these Procedures for Appeal of Adverse Actions, reference to "Residency Review Committee" also includes the ACGME's Transitional Year Review Committee.]
[Note: Here and elsewhere in these Procedures for Appeal of Adverse Actions, the word "action" reflects delegation of accreditation authority to an RRC. In the event of a decision by an RRC not holding delegated authority, read "recommendation of an RRC" and "action" by the ACGME throughout the procedures.] If a written request for such a hearing is not received by the executive director of the ACGME within 30 days following receipt of the letter of notification, the action of an RRC will be deemed final and not subject to further appeal.
- b. Requests for a hearing must be sent express mail to: Executive Director, Accreditation Council for Graduate Medical Education, 515 North State Street, Suite 2000, Chicago, Illinois 60610.
- c. If a hearing is requested, the appeals panel will be appointed according to the following procedures:
 - 1) The ACGME shall maintain a list of qualified persons in each specialty as potential appeals panel members.
 - 2) For a given hearing, the program shall receive a copy of the list of potential appeals panel members and shall have an opportunity to delete a maximum of one-third of the names from the list of potential appeals panel members. Within 15 days of receipt of the list, the program shall submit its revised list to the executive director of the ACGME.
 - 3) A three-member appeals panel will be constituted by the ACGME from among the remaining names on the list.
 - a. When a program requests a hearing before an appeals panel, the program reverts to its status prior to the appealed adverse action until the ACGME makes a final determination on the status of the program. Nonetheless, at this time residents and any applicants who have been invited to interview with the program must be informed in writing as to the confirmed adverse action by an RRC on the accreditation status. A copy of the written notice must be sent to the executive director of the RRC within 50 days of receipt of the RRC's letter of notification.
 - b. Hearings conducted in conformity with these procedures will be held at a time and place to be determined by the ACGME. At least 25 days prior to the hearing, the program shall be notified of the time and place of the hearing.
 - c. The program will be given the documentation of the RRC action in confirming its adverse action.
 - d. The documents comprising the program file, the record of the RRC's action, together with oral and written presentations to the appeals panel, shall be the basis for the recommendations of the appeals panel.
 - e. The appeals panel will meet and review the written record, and receive the presentations. The appropriate RRC shall be notified of the hearing and a representative of the RRC may attend the hearing to be available to the appeals panel to provide clarification of the record.

Proceedings before an appeals panel are not of an adversary nature as typical in a court of law, but rather provide an administrative mechanism for review of an accreditation decision about an educational program. The appeals

panel shall not be bound by technical rules of evidence usually employed in legal proceedings.

The program may not amend the statistical or narrative descriptions on which the decision of the RRC was based. The appeals procedures limit the appeals panel's jurisdiction to clarification of information as of the time when the adverse action was confirmed by the RRC, information about the program subsequent to that time can not be considered in the appeal. Furthermore, the appeals panel shall not consider any changes in the programs or descriptions of the program which were not in the record at the time when the RRC reviewed the program and confirmed the adverse decision. [Note: Option: When there have been substantial changes in a program and/or correction of citations after the date of the confirmed action by the RRC, a program may file an appeal and request a new evaluation and accreditation decision. Such an evaluation will be done in accordance with the ACGME procedures, including an on-site survey of the program. The adverse status will remain in effect until a reevaluation and an accreditation decision have been made by the RRC. Presentations shall be limited to clarifications of the record, arguments to address compliance by the program with the published standards for accreditation, and the review of the program in the context of the administrative procedures governing accreditation of programs. Presentations may include written and oral elements. The appellant may make oral arguments to the appeals panel, but the oral argument will be limited to two hours in duration.]

The appellant shall communicate with the appeals panel only at the hearing or in writing through the executive director of the ACGME.

The appeals panel shall make recommendations to the ACGME whether there is substantial, credible and relevant evidence to support the action taken by the RRC in the matter that is being appealed. The appeals panel, in addition, will make recommendations as to whether there has been substantial compliance with the administrative procedures governing the process of accreditation of graduate medical education programs.

f. The program may submit additional written material within 15 days after the hearing. The intention to submit such material must be made known to the appeals panel at the hearing.

g. The appeals panel shall submit its recommendations to the ACGME within 30 days after receipt of additional written material. The ACGME shall act on the appeal at its next regularly scheduled meeting.

h. The decision of the ACGME in this matter shall be final.

There is no provision for further appeal.

i. The executive director of the ACGME shall, within 25 days following the final ACGME decision, notify the program under appeal of the decision of the ACGME.

Program Organization

The organization of a program may involve any of several administrative forms. For example, a program may be conducted within a single institution, that is, the assignment of residents is limited to that institution; or a program may involve more than one institution, that is, the resident assignments are not limited to the sponsoring institution.

Some RRCs have specific requirements relating to program organization. These may be found in the appropriate Program